

Barriers & Challenges to Healthcare Coverage in Rural/Urban Areas

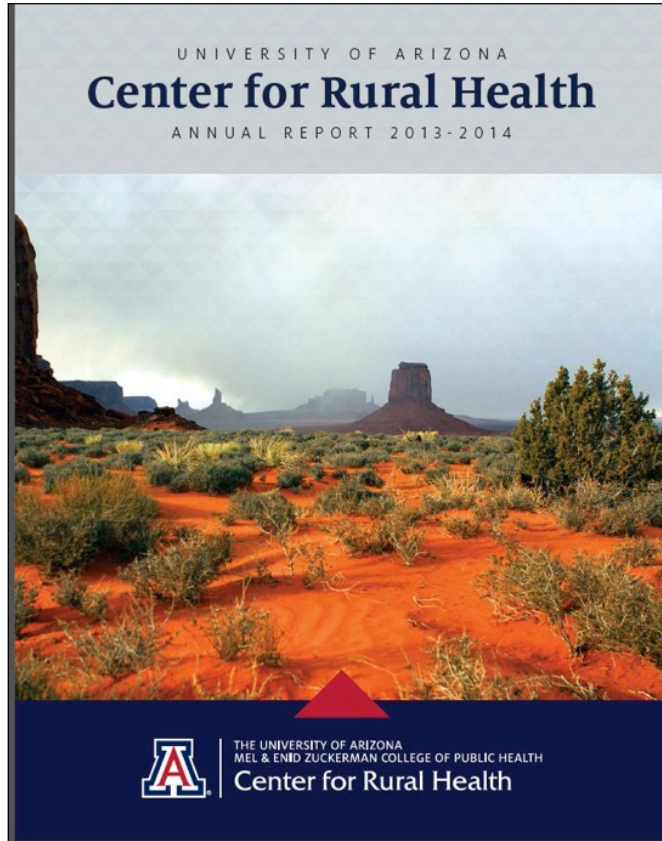


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MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

Jalen Redhair
AZ Center for Rural Health-Navigator
Thursday | 3/31/16

The project described was supported by Funding Opportunity Number CA-NAV-15-001 from the Centers for Medicare & Medicaid Services Grant number 1 NAVCA150222-01-00. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

Arizona Center for Rural Health



<http://crh.arizona.edu>

Est. 1981, CRH serves AZ through its mission “to improve the health & wellness of rural populations” by housing the:

1. State Office of Rural Health
2. Rural Hospital Flexibility Program
3. Small Hospital Improvement Program
4. Western Region Public Health Training Center
5. **AzCRH Navigator Consortium**





Az CRH Navigator Consortium

Connecting Arizonans with Affordable Health Insurance Coverage

AzCRH's Navigators



Lizbeth Vasquez
[Yuma, based in San Luis]



Alma Ramirez
(Phoenix/
Maricopa County)



Ariel Tarango
(Eloy/Pinal
County)



Ana Casanova
(Tucson/Pima
County)



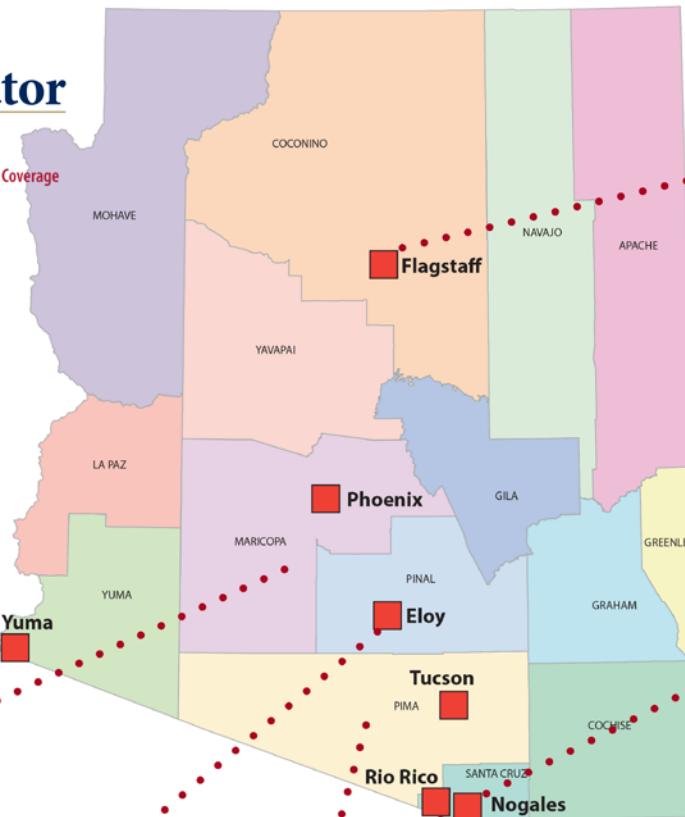
Amaury Gama
[Santa Cruz/Cochise,
based in Rio Rico]



Jalen S. Redhair
[Coconino, Navajo,
Mojave, Apache,
based in Flagstaff]



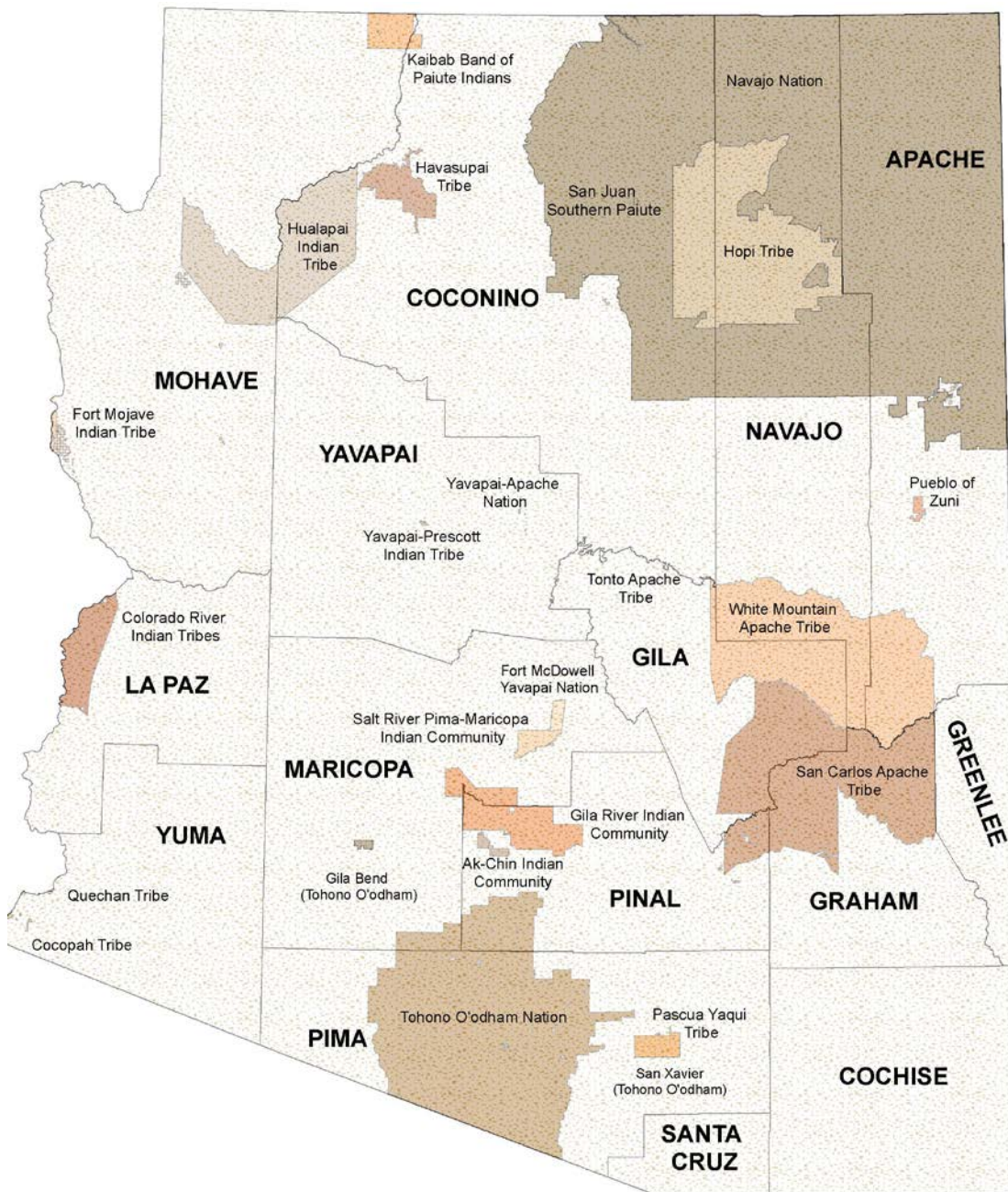
Maria Losoya
[Santa Cruz/Cochise,
based in Nogales]



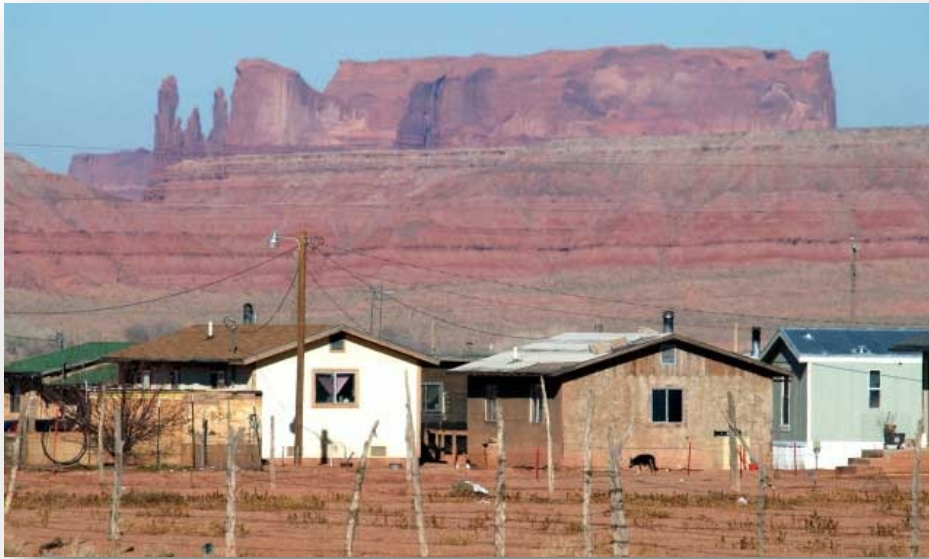
Arizona Tribes

22 Tribes

- Ak-Chin Indian Community
- Cocopah Indian
- Colorado River Indian Tribes (CRIT)
- Fort McDowell Yavapai
- Fort Mojave
- Fort Yuma-Quechan
- Gila River Indian Community
- Havasupai
- Hualapai
- Hopi
- Kaibab Band of Paiute
- Navajo
- Pascua Yaqui
- Salt River Pima-Maricopa Indian Community
- San Carlos Apache
- San Juan Southern Paiute
- Tohono O'odham
- Tonto Apache
- White Mountain Apache
- Yavapai-Apache
- Yavapai-Prescott
- Pueblo of Zuni



Rural Health Challenges



Higher poverty
Fewer providers
Poorer outcomes
Higher uninsured
Precarious finances
Transportation

85-90% of active physicians, pharmacists, nurse practitioners, & physician assistants live in Phoenix or Tucson

<http://crh.arizona.edu/2015-supply-demand>



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Slide compliments of Daniel Derksen, MD Director of the Arizona Center for Rural Health

Enroll America: 3 Barriers

Access:

Technology, Language,
Culturally Proficient and
Sensitive Assistance,
Institutional barriers and
discrimination.

Fear:

New & potentially
confusing
programs/systems;
misleading
advertisements

Knowledge:

Correct and timely
information-that is
culturally appropriate

Enroll America Academy Training, Tucson, AZ, 9/30/15

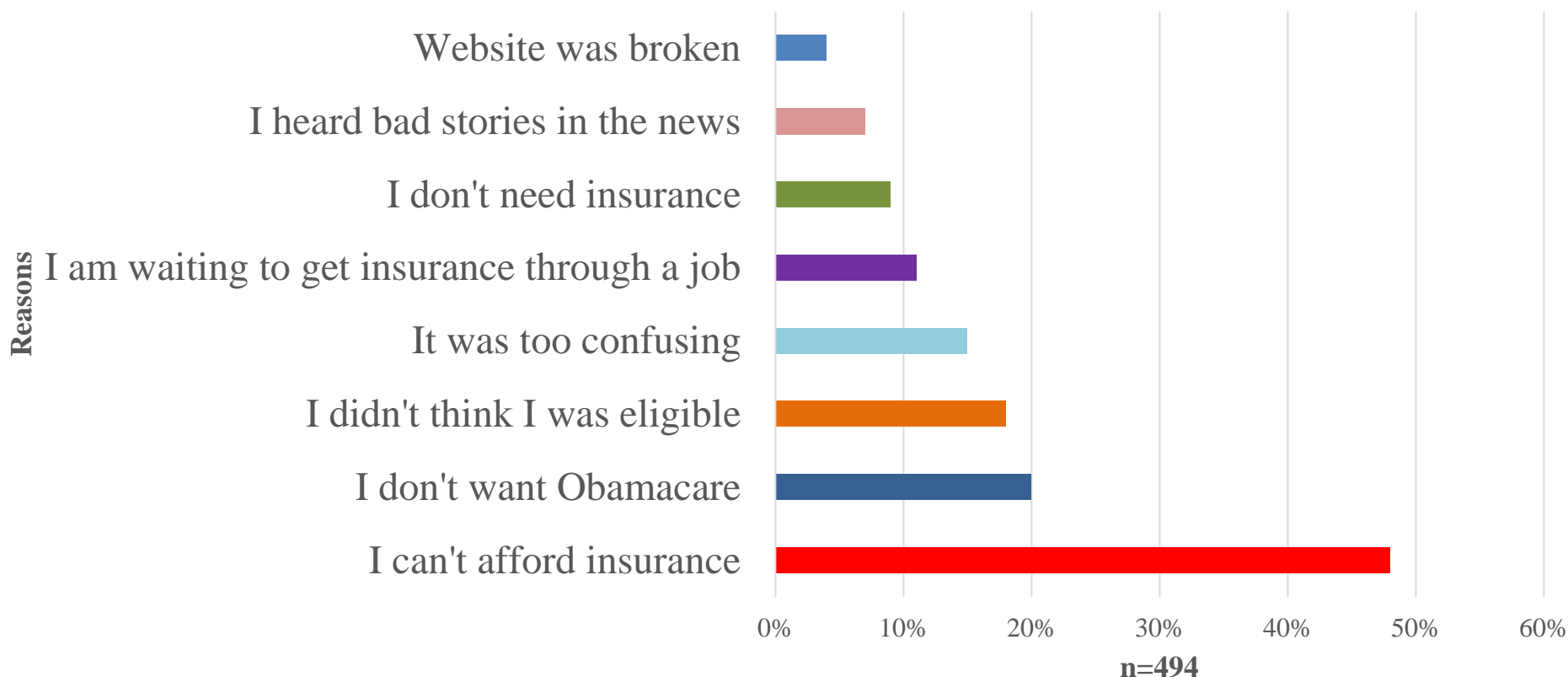


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What are the most important reasons you didn't look for insurance?

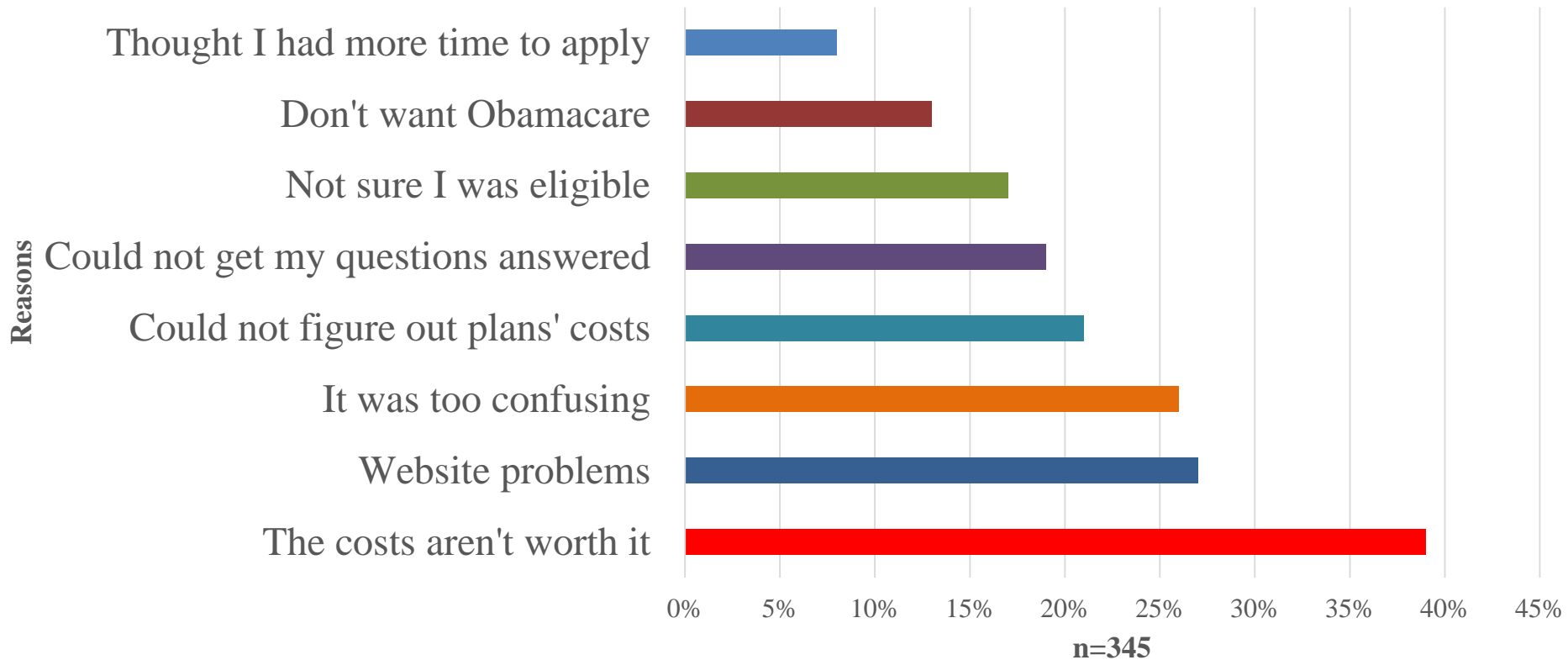
Of those who did not try to enroll
(open enrollment one):



<https://www.enrollamerica.org/resources/public-education/why-did-some-people-enroll-and-not-others>, May 2014

Why didn't you sign up for health insurance?

Of those who looked for insurance but did not enroll
(open enrollment one):



<https://www.enrollamerica.org/resources/public-education/why-did-some-people-enroll-and-not-others>, May 2014

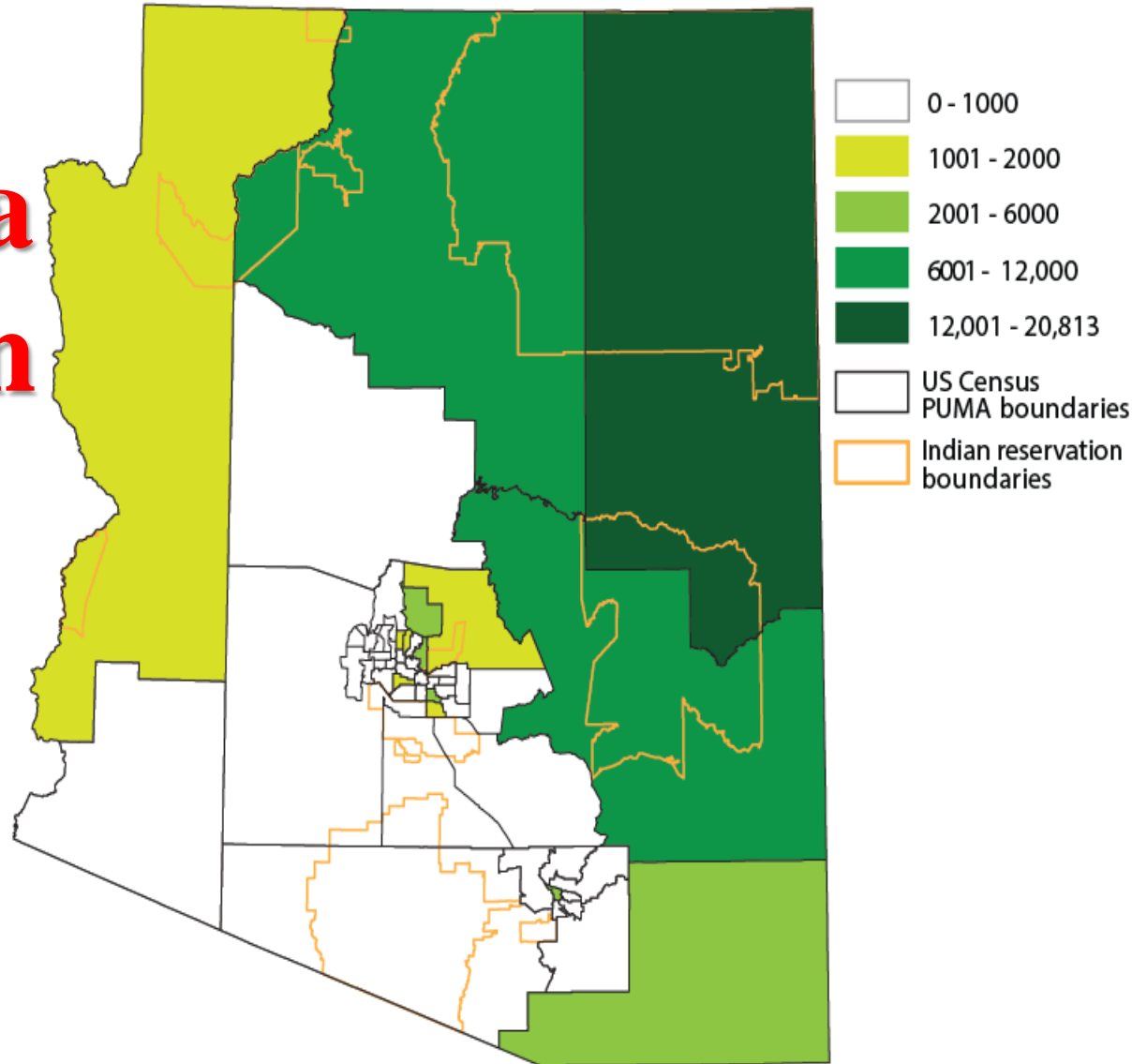


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Number of Eligible Uninsured Native Americans

Low Arizona Participation Rates - Rural, American Indian



**“Nearly one in three
American Indians and Alaska
Natives is uninsured.”**

<http://kff.org/disparities-policy/issue-brief/health-coverage-and-care-for-american-indians-and-alaska-natives/>



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Barriers & Challenges for Tribal Consumers



Mixed family status (claimed on taxes or not)

Native & Non-native households

Valid street address

Fluctuating/ Seasonal employment

Continuously changing contact information

Confidentiality in rural settings

Tendency to fill out the exemption form rather than enroll

Barriers & Challenges for Communities

Competition:

- 1.2 million uninsured Arizonans in 2013
- 20.4% uninsured in 2013; 17.5% in 2014^a
- Plenty of uninsured to assist in Arizona

Close-knit communities

Across State Borders:

- Navajo: Arizona, Utah, New Mexico

Across National Borders:

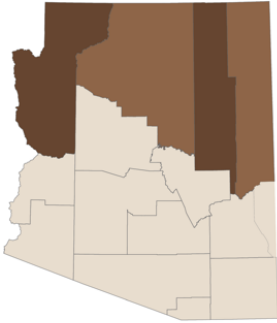







- Tohono O'odham

a. http://www.gallup.com/poll/181664/arkansas-kentucky-improvement-uninsured-rates.aspx?utm_source=tagrss&utm_medium=rss&utm_campaign=syndication



RURAL: Apache, Coconino, Gila, Mojave, Navajo

3 Insurers, 18 Plans, 0.5M Pop

	Apache, Coconino, Mojave, Navajo Co's 30yo, \$20k, Single, Non-smoker, Medium Use of Health Svs					
	Insurers	Lowest Cost Premium/Deduct/Max After Subsidy (Est Yearly Cost \$)	Lowest Cost Premium/Deduct/Max After Subsidy (Est Yearly Cost \$)	Lowest Cost Premium/Deduct/Max After Subsidy (Est Yearly Cost \$)	Lowest Cost Premium/Deduct/Max After Subsidy (Est Yearly Cost \$)	TOTAL PLANS
	BCBS	25/6550/6550 (\$592)	84/750/2000 (\$1,291)			5
	Health Choice	4/6850/6850 (\$280)	35/600/2200 (\$590)	87/1500/4500 (\$1,227)		3
	UnitedHealthcare	61/5500/6500 (\$1,018)	109/800/2250 (\$1,597)	179/0/6850 (\$2,262)		10
	TOTAL PLANS	6	8	4	0	18

Estimated Tax Credit = \$254/mo

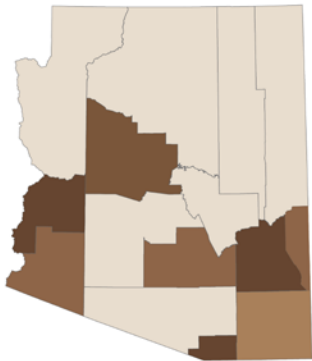
Source: <https://www.healthcare.gov/see-plans/#/purchased>



Slide compliments of Daniel Derksen, MD Director of the Arizona Center for Rural Health, December 2015

RURAL: Cochise, Graham, Greenlee, La Paz, Pinal, Santa Cruz, Yavapai, Yuma

AZ Marketplace: 2 Insurers, 15 Plans, 1.0M Pop



Cochise, Graham, Greenlee,
La Paz, Pinal, Santa Cruz,
Yavapai, Yuma Co's. 30 yo,
\$20k, Single, Non-smoker,
Medium Use of Health Svs



Insurers

Lowest Cost
Premium/Deduct/Max
After Subsidy
(Est Yearly Cost \$)

Lowest Cost
Premium/Deduct/Max
After Subsidy
(Est Yearly Cost \$)

Lowest Cost
Premium/Deduct/Max
After Subsidy
(Est Yearly Cost \$)

TOTAL PLANS



BCBS

50/6550/6550
(\$892)

101/750/2000
(\$1,495)

5



UnitedHealthcare

37/5500/6500
(\$736)

72/800/2250
(\$1,155)

123/0/6850
(\$1,590)

10

TOTAL PLANS

5

7

3

15

Estimated Tax Credit = \$191/mo

Source: <https://www.healthcare.gov/see-plans/#/purchased>



**Az CRH Navigator
Consortium**
Connecting Arizonans with Affordable Health Insurance Coverage

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Pima County: AZ Marketplace

5 Insurers, 28 Plans, 1.0M Pop, Uninsured 115,000

	Pima Co. 30 yo, \$20k, Single, Non-smoker (zip: 85724)						
	Insurers	Lowest Cost Premium/Deduct/Max After Subsidy (Est Yearly Cost \$)	Lowest Cost Premium/Deduct/Max After Subsidy (Est Yearly Cost \$)	Lowest Cost Premium/Deduct/Max After Subsidy (Est Yearly Cost \$)	Lowest Cost Premium/Deduct/Max After Subsidy (Est Yearly Cost \$)	TOTAL PLANS	
	BCBS (5)	94/6550/6550 (\$1,413)	136/750/2000 (\$1,922)			5	
	Health Choice (3)	93/6850/6850 (\$1,355)	118/600/2200 (\$1,595)	159/1500/4500 (\$2,090)		3	
	Health Net (6)	80/5750/6200 (\$1,242)	100/500/2250 (\$1,304)	134/500/6000 (\$1,800)		6	
	Humana (4)	76/6450/6450 (\$1,196)	109/900/1500 (\$1,449)	150/2250/3500 (\$1,952)	200/500/1500 (\$2,549)	4	
	United (10)	51/5500/6500 (\$896)	75/800/2250 (\$1,190)	\$111/0/6850 (\$1,447)		10	
TOTAL PLANS		28	9	11	7	1	28

Estimated Tax Credit = \$110/mo

Source: <https://www.healthcare.gov/see-plans/#/purchased>

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IHS and the ACA



- IHS is **not** health insurance
- **Required to maintain minimum essential coverage or pay a fine**
- If you do not have healthcare coverage and receive services from IHS, you will need to:
 - Sign up for health insurance coverage
 - Pay the Shared Responsibility Payment or
 - Apply for an exemption

The ACA increases health coverage options for uninsured American Indians and Alaska Natives.

<https://www.ihs.gov/aca/>

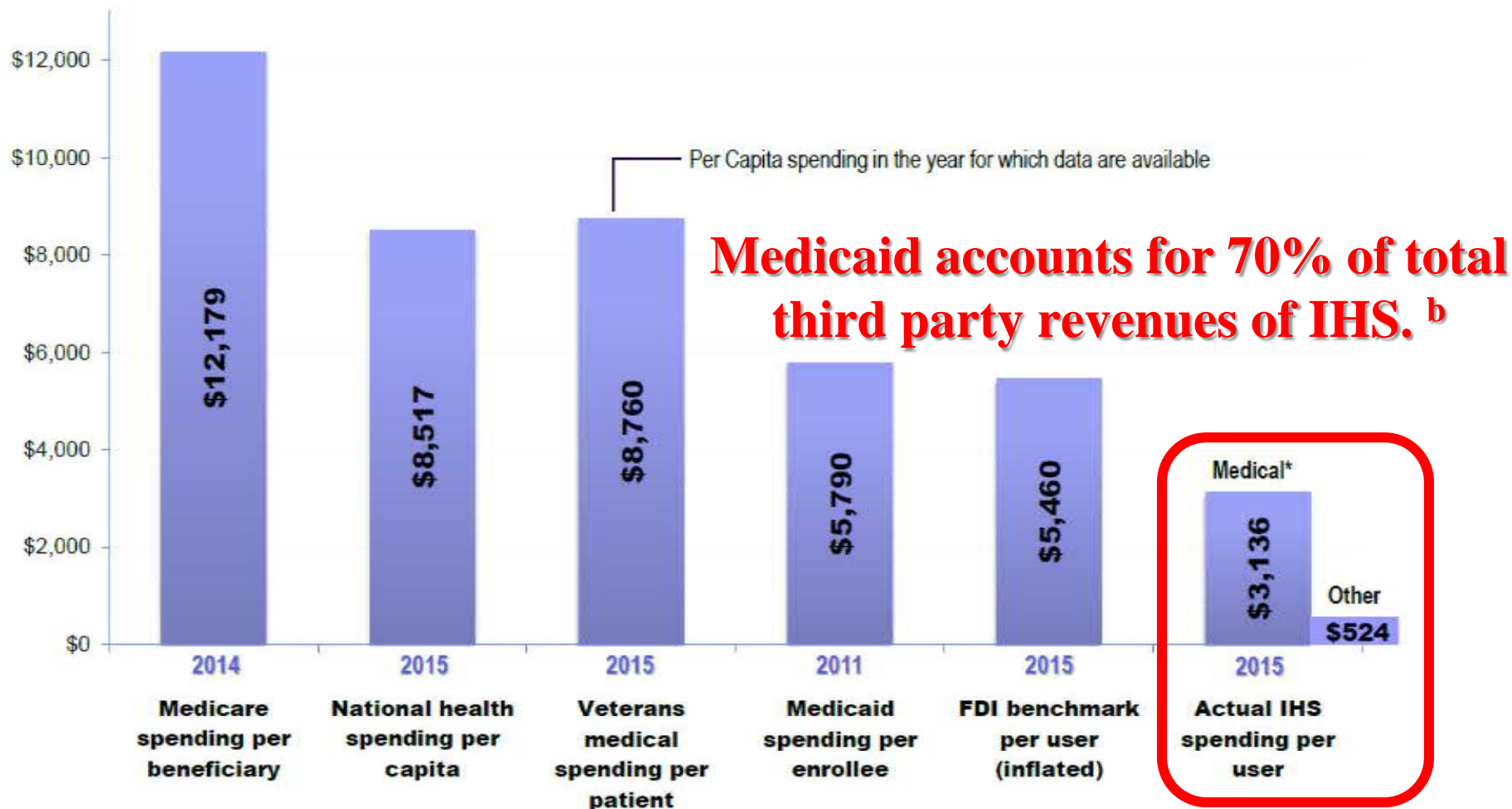


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Fiscal Challenges in IHS

2015 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita



Graph: http://www.nihb.org/legislative/budget_formulation.php

b: <http://kff.org/report-section/health-coverage-and-care-for-american-indians-and-alaska-natives-issue-brief/>

How the Marketplace Benefits Tribes



- Members of federally recognized tribes with income 100-300% FPL may have **zero out of pocket costs** (copays, deductibles, coinsurance)
- Enroll in the Marketplace at any time
- Enrollment in Marketplace or Medicaid strengthens IHS programs & services in Tribal communities



www.Tribalhealthcare.org



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Or

***Call me at
(520)822-4094***

www.coveraz.org/connector



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**"Alone we can do so little, together we can do so much."
--Helen Keller**



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